



WAIVER REQUEST TO PROVIDE SCHOOL MEAL SERVICE DURING H1N1 OUTBREAKS

WHO MAY SUBMIT A WAIVER REQUEST

This form may be used to submit a waiver request to offer meal services in response to H1N1-related unanticipated school dismissals under a declared public health emergency as outlined in Section 319 of the Public Health Service Act. The United States Department of Agriculture (USDA) requires the submission of this waiver.

SUMMER FOOD SERVICE PROGRAM OR SEAMLESS SUMMER OPTION OF THE NATIONAL SCHOOL LUNCH PROGRAM

This waiver request is implemented in accordance with United States Department of Agriculture (USDA) memoranda SP 31-2009, SFSP 05-2009 and SP 33-2009, SFSP 06-2009. These memoranda outline how School Food Authorities (SFAs) may continue to provide reimbursable meals to low-income children through the Summer Food Service Program (SFSP) or the Seamless Summer Option (SSO) of the National School Lunch Program during a school dismissal related to the H1N1 influenza virus.

The primary goal of meal service offered during an H1N1 related school dismissal is to address the loss of school meals for the low-income children enrolled in the closed school. Any SFA seeking to implement this waiver request agrees to operate the SFSP/SSO in accordance with federal regulations with these noted exceptions:

1. The requirement for serving and consuming meals in a congregate setting is waived.
2. Pre-operational training and monitoring requirements are waived.
3. Limitation of the operation during an unexpected school dismissal during school year to non-school sites is waived.
4. This waiver request may be implemented only by SFAs with a current agreement with the State agency for participation in the SFSP/SSO.
5. The SFA must notify the State agency that they are implementing the waiver before serving meals.

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Date:
Name of SFA:
Contact Information:
Did you operate the SFSP/SSO in 2009? <input type="checkbox"/> Yes <input type="checkbox"/> No

Provide the following for each school covered by this waiver request:

[illegible]

At what point after the declaration of a public health emergency and school dismissal would the meal service start?

Describe what meal distribution method(s) will be used.

What meals will be served? Estimate the average number of daily meals to be served. (Only one meal or a combination of one meal and one snack, or two meals may be served.)

Describe how the meal service will be operated, including whether dismissed schools will be served by a central site and whether schools will be served by the SFA.

Describe how the SFA will ensure food safety requirements are met, including maintaining food at proper temperatures.

Describe how the SFA will target the meal service to low-income children from the dismissed school(s), including children that may not have free or reduced price eligibility information on file (i.e., children new to the SFA).

Describe how the SFA will communicate the availability of meals to eligible families.

Describe how the SFA will ensure proper operation of the program including meal content, meal counts, oversight, etc.

Describe any additional changes to standard meal service operations that will be necessary when serving meals during an H1N1-related school dismissal. (This may include issues of personnel and staffing, availability of suppliers, procurement requirements, and any limitations imposed by current SFA contracts with suppliers or food service management companies, etc.)

Describe how the meal service will be operated, including whether dismissed schools will be served by a central site and whether schools will be served by the SFA.

Describe any additional changes to standard meal service operations that will be necessary when serving meals during an H1N1-related school dismissal. (This may include issues of personnel and staffing, availability of suppliers, procurement requirements, and any limitations imposed by current SFA contracts with suppliers or food service management companies, etc.)

APPROVED BY:

**S. C. Department of Education
Office of Health and Nutrition :**

Submitted by:

Director, State Office of Health and Nutrition

Superintendent or Authorized Designee

Date

Date